therapy: will insulin, in the absence of hypoglycemia, yield the same response as in its presence? This query has a practical implication. Treatment with the pancreatic hormone is at present very expensive and, therefore, available to a comparatively small number, and it is also not without danger. If it could be shown that the hypoglycemia is not essential, the limitations of the treatment would be removed by the simultaneous administration of insulin with glucose or food. This problem is being investigated at the present time.

One feature stressed in the literature discourages the supposition that there may be an extrahypoglycemic factor of therapeutic potency in insulin treatment. It is stated that the results are best when the hypoglycemic coma is permitted to persist from three to five hours, instead of being terminated early. The accuracy of this observation is of extreme importance, but until definitely established under controlled conditions, should not be accepted with finality. We recall that when, prior to the days of shock therapy, small doses of insulin were administered to secure weight increase in psychotic patients, favorable effects on the mental state occurred at times. May not the more potent effects of shock therapy be due to the larger dosage of insulin utilized, rather than to "shock" or prolongation of the hypoglycemia? In the investigation of the rôle of insulin in the treatment of schizophrenia, extrahypoglycemic factors are worthy of consideration.

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CONVALESCENT HOMES

It is interesting to observe, after studying the problem of convalescent home facilities in Los Angeles County, that probably the chief reason why such facilities are not available, in sufficient number, is the fact that medical men are unaware of the value of such service and, consequently, have not made demands which would have produced the supply needed in their communities.

The problem of convalescent care has been very thoroughly studied by the Councils of Social Agencies in various large cities in the United States, and a similar excellent study was made by the Commission under President Hoover, which studied especially the problems of children. In all of these surveys it has been the constant opinion of the investigators that convalescent care, in a properly-equipped convalescent home, could be maintained at less than half the cost of a hospital bed. They were also consistent in finding that convalescent homes could be built for one-half the cost, per bed, compared to hospital beds.

In a period when the care of the indigent sick has been such a tremendous burden to the states and society generally, it is remarkable that more attention has not been paid to the important savings which might be made through convalescent home care. The same fact is true in the private practice of medicine. Very often a patient who does not have adequate care at home can be cared for to great advantage in the convalescent home, both from the point of view of physical and mental well-being, at much less cost than in hospital. The need for such facilities is, of course, probably more apparent to the orthopedic surgeon because of the long convalescence required in many of his cases. But the fact remains that many patients in the general practice of medicine and surgery would be much happier if they could be in a well-equipped and well-run convalescent home, rather than having to serve the long period of convalescence in the more expensive hospital bed.

A satisfactory convalescent home requires, of necessity, proper consideration of sanitation, easy mobilization of patients in case of fire, and recreation and occupation facilities, while it should have, if possible, physiotherapy available in the institution without requiring the patients' return to some outside establishment for their follow-up treatment.

The long convalescence required after fractures, especially in elderly people, is a thing which comes to mind particularly in considering what great advantage might be served by convalescent home care. These people are often very depressed by the fact of being disabled in their latter years, and the noises and outcries, which will be heard in any hospital, add greatly to the mental depression of such patients; whereas, a convalescent home, in which all the inmates have passed the point of suffering pain and where no acutely-ill person is met, either in the wards or in the recreation halls, is much more conducive to a happy frame of mind during the long months of recovery. These same months are much freer from worry if the cost to the patient can be reduced, which is, of course, the one most important thing the convalescent home can accomplish for the patient.

The ideal convalescent home would be one in which the fire hazards were so low, and the possibility of moving bed and wheelchair patients so facile that care could be given where patients were confined to bed or wheelchair by plaster of Paris or other portable fracture apparatus. This mobility permits of change of scene and a chance of recreation for patients during their confinement, and social activities for both the ambulatory and bed patient.

As medical men we should all be interested in the establishment of convalescent-home care.

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"Concentration of population and the vicissitudes of modern life demand the continuous development and perpetuation of scientific medicine. We must be adequately prepared not only to render individual professional service to individual patients, but to help solve the problems of the still undiscovered causes of many diseases. In a broad sense organized society perforce depends upon us for the preservation of public health, physical virility and mental power. This then is our burden in a chaotic era of changing social philosophy."—*Cummer.*